



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8900

SERIAL NUMBER 10/724,519	FILING DATE 11/28/2003 RULE	CLASS 180	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. BKP-007
-----------------------------	---------------------------------------	--------------	------------------------	-----------------------------------

APPLICANTS

Francois Michaud, Rock-Forest, CANADA;

Dominic Letourneau, Rock-Forest, CANADA;

Martin Arsenault, Loretteville, CANADA; Yann Bergeron, Drummondville, CANADA;

Richard Cadrin, Saint-Mathieu de Beloeil, CANADA;

Frederic Gagnon, Jonquiere, CANADA;

Marc-Antoine Legault, Saint-Jerome, CANADA;

Mathieu Millette, Drummondville, CANADA;

Jean-Francois Pare, Fleurimont, CANADA;

Marie-Christine Tremblay, Jonquiere, CANADA;

Serge Caron, Rock Forest, CANADA;

Jonathan Bisson, Sherbrooke, CANADA;

Pierre Lapage, Drummondville, CANADA;

Yan Morin, Warwick, CANADA;

Martin Deschambault, Val d' Or, CANADA;

Hugues Rissmann, Montreal, CANADA;

** CONTINUING DATA ***** none *dy*** FOREIGN APPLICATIONS ***** *yes dy*
CANADA 2,412,815 11/27/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/08/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Dh</i> <u>4-4-06</u> Examiner's Signature Initials	CANADA	29	71	4

ADDRESS

022832

KIRKPATRICK & LOCKHART NICHOLSON GRAHAM LLP

STATE STREET FINANCIAL CENTER

ONE LINCOLN STREET

BOSTON, MA

02111-2950

TITLE

Modular robotic platform

<p>FILING FEE RECEIVED 952</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
<input type="checkbox"/>	All Fees													
<input type="checkbox"/>	1.16 Fees (Filing)													
<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)													
<input type="checkbox"/>	1.18 Fees (Issue)													
<input type="checkbox"/>	Other _____													
<input type="checkbox"/>	Credit													